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DATE: November 4, 2002

TO: Examiner Ronald B. Schwadron , Group Art Unit 1644

COMPANY: U.S. Patent & Trademark Office

FAX NO.: 1-703-305-3014

TELEPHONE NO.: 1-703-308-4680

FROM: Cathleen M. Rocco, Reg. No. 46,172
Direct Dial Telephone No.: (650) 845-4587

RE: AUTOANTIGEN-LIKE PROTEIN
Inventors: Lal et al.
Serial No.: 09/758,498; Filing Date: January 10, 2001
Incyte Docket No.: PF-0385-1 DIV

PAGES : 13 (including cover)

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the attention of Examiner Ronald B. Schwadron, Group Art Unit 1644, U.S. Patent and Trademark Office to Facsimile No. 1-703-305-3014 on the date shown below.

Joyce Albani
Signature

November 4, 2002
Date

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Docket No.: PF-0385-1 DIV

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Signature Joyce AlstonDate November 4, 2002**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Application of: Lal et al.Title: AUTOANTIGEN-LIKE PROTEINSerial No.: 09/758,498Filing Date: January 10, 2001Examiner: Schwadron, R.Group Art Unit: 1644**Box Non-Fee Amendment**

Commissioner for Patents

Washington, D.C. 20231

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Response to Restriction Requirement (9 pp.); and
2. Certificate under 37 C.F.R. §3.73(b), Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

Claims	Claims After Amendment		Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee		Additional Fee(s)
Total	20	-	20		0	x\$18.00		\$	0
Indept.	2	-	3		0	x\$84.00		\$	0
Total Fee:								\$	0

☒ No additional Fee is required.☐ Please charge Deposit Account No. **09-0108** in the amount of :\$

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: 4 November 2002Cathleen M. Rocco
Cathleen M. Rocco

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